2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED May 06, 2005 08:00 AM Secretary of State

DOCUMENT # A0000000464  1. Entity Name 951 LAND HOLDINGS, LTD.					Se	cretary of State
Principal Place of Business 3200 TAMIAMI TRAIL N., STE. 200 NAPLES, FL 34103		Mailing Address 3200 TAMIAMI TRAIL N., STE. 200 NAPLES, FL 34103				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112005 Chg-LP	CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3684895	Applied For Not Applicable	
	Zip Country		Zip Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name		
WOODWARD, MARK J 3200 TAMIAMI TRAIL N., STE. 200 NAPLES, FL 34103				Street Address (P.O. Box Number is Not Acceptable)		
NAPLES, PL 3	4103					``````````````````````````````````````
				City		FL Zip Code
	d entity submits this statemen fregistered agent.	t for the purpose of changing its	s register	ed office or register	red agent, or both, in the State of F	Torida I am familiar with, and accept
SIGNATURE	re, lyped or printed name of registered ag	ent and little if applicable				DATE
9. Capital Contribu as Shown on rec	tions \$4,880,000.00	10. Amount of Capi in FLORIDA to o		butions 4, 880	,000	
	A GENERAL PARTNER	THAT IS A BUSINESS E	NTITY N	UST BE REGIS	TERED AND ACTIVE WITH T	HIS OFFICE.
12.		NER INFORMATION	13,			ANGES ONLY
				EET ADDRESS		
STREET ADDRESS 347	ADDRESS 3470 CLUB CENTER BLVD			r-St-ZIP		
DOCUMENT # NAME			STR	EET ADDRESS	05/06/0363804 05/06/05-80014-012 535.00	
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14. I hereby certify indicated on the the receiver or	that the information supplied is report is true and accurate a trustee empowered to execute	with this filing does not qualify found that my signature shall have this report as required by Cha	or the exe the sam pter 620,	emption stated in Si le legal effect as if r Florida Statutes	ection 119.07(3)[]), Florida Statutes made under oath; that ( am a Gene	I further certify that the information ral Partner of the limited partnership or
SIGNATURE: MMy . MMC 4/25/05 (239) 732-9400  SIGNATURE: Date Dayline Phone #						
SIGNATURE AND PEPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayline Phone &						